

File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup>, Ste. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**

IA ETHICS AND  
CAMPAIGN DISCLOSURE  
2009 OCT 20 PM 1:31

COMMITTEE NAME (Must be same as on Statement of Organization)

HALLBERG FOR SUPERVISOR

IMPORTANT: Indicate by # type of committee you are reporting for: 5  
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political  
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC  
(11) Local Ballot Issue

**CANDIDATE COMMITTEES ONLY:**

Candidate Name

JASON HALLBERG

Political Party (if applicable)

REPUBLICAN

Office Sought

SUPERVISOR

District (if Senate or House)

FORM  
**DR-2**

(Rev. 07/2007)

DISCLOSURE  
REPORT

**For Office Use Only**

Comm. # \_\_\_\_\_  
Logged In \_\_\_\_\_  
Scanned \_\_\_\_\_  
Computer \_\_\_\_\_  
Audited \_\_\_\_\_

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

J. Hallberg

SIGNATURE OF PERSON FILING REPORT

515-460-0246  
TELEPHONE

10/19/08  
DATE SIGNED

I AM FILING A 10/19/08 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is held BOONE

**STATEMENT OF CASH ON HAND**

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount **MUST** be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

\$ 1500.00

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*\*also see in-kind below)

70.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 1570.00

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

873.12

Schedule F: Loan Repayments total (Attach Schedule F)

696.88

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 359.52

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 423.22

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 423.22

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ \_\_\_\_\_

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO ☐

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ \_\_\_\_\_

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.



FOR INSTRUCTIONS, SEE BACK OF FORM

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**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/29/08	ID# CK# 1001	MID NATIONAL GRAPHICS 903 S. KENNEDY AVE MADRID IA	SPRINKLER	\$ 359.52
9/17/08	ID# CK# 1002	SUNBORN MILLER PRESS 807 KEELER ST. BOONE IA	HAND OUT FLYERS	513.60
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 873.12
TOTAL (if last page of this schedule)				\$ 873.12

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page \_\_\_\_\_ of \_\_\_\_\_

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

HALLBERG FOR SUPERVISOR

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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SCHEDULE <b>D</b> (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD  
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/17/08	MID NATIONAL GRAPHICS	SIGNAGE	\$ 359.52
SUB-TOTAL			\$ 359.52
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 359.52

\*If actual figure is unknown, show "estimated" beside the figure.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule D)

**CANDIDATE COMMITTEES NOTE:**

\*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

HALLBERG FOR SUPERVISOR

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SCHEDULE <b>E</b> (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/17/08	JASON HALLBERG 1018 E AVE OGDEN IA	SELF	SHIRTS	\$ 84.21	<input type="checkbox"/>
7/18/08	JASON HALLBERG 1018 E AVE OGDEN IA	SELF	BUTTONS	239.01	<input type="checkbox"/>
8/29/08	ELIZABETH HALLBERG 1018 E AVE OGDEN IA	SPOUSE	SHIRTS	50.00	<input type="checkbox"/>
10/10/08	JOHN SCRENSON 405 S. CEDAR BOONE IA		STICKERS	50.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 423.22

TOTAL (If last  
page of this  
schedule) \$ 423.22

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page \_\_\_\_\_ of \_\_\_\_\_  
(for Schedule E)